Colorado Department of Public Health and Environment -Water Quality Control Division
Safe Drinking Water Program - Compliance Assurance Monitoring and Enforcement
4300 Cherry Creek Drive South, Denver, CO 80246-1530

DBP Form 1 - Total Trihalomethane Analysis Laboratory Report Form

Section I (to be completed by the Public Water Systems only)		Section II (to be completed by Laboratories only)		
Public Water System Information		**Laboratory Information**		
PWSID #:		Laboratory Name:		
System Name:		Contact Person:	Phone #:	
Address:		Comments:		
Contact Person:	Phone:	Laboratory Authorized Signature	Title	Date

Sample Date	Collector	State Sample Point ID	Sample Site Name or Address	Date Lab Received	Date Lab Analyzed	Laboratory Sample ID #	Analyte	Analytical Method	Lab MDL µg/L	Result µg/L
							Chloroform			
							Bromoform			
							Bromodichloromethane			
							Dibromochloromethane			
							TTHMs			
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Instructions on Reverse

Email Results to cdphe.drinkingwater@state.co.us
Fax Results to 303-758-1398

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INSTRUCTIONS FOR COMPLETING

Total Trihalomethane Analysis Laboratory Report Form

Section I – To be Completed by the Public Water System Submitting the Samples to the Laboratory

1. PWSID #: Enter the Public Water System (PWS) Identification number assigned by CDPHE/WQCD.
2. System Name: Enter system legal name provided to CDPHE/WQCD when PWSID assigned.
3. Address: The PWS mailing address.
4. Contact Person: The person at the public water system who would be able to answer questions about these samples.
5. Phone: The phone number of the contact person.
6. Sample Date: The date the sample was collected
7. Collector: Enter the name or initials of the sample collector.
8. State Sample Point ID: Enter the State Sample Point ID from your schedule (e.g. MAXRES1, AVGRES1, or DBP001).
9. Sample Site Name or Address: Enter the sample site's local name, identifier, or address (e.g. SM8 or 100 Main St).

Section II - To be Completed by the Laboratory Reporting the Results

10. Laboratory Name: The name of the laboratory conducting the analyses.
11. Laboratory Contact: The name of the person at the laboratory that would be able to answer questions about these samples.
12. Laboratory Phone Number: The laboratory contact's phone number.
13. Laboratory Comments: Any relative comments with regards to the samples.
14. Authorized Signature: The person that signs the form must be the laboratory authorized representative. Include title and date signed.

Abbreviations

NT:	Not Tested
B:	The analyte is found in the associated blank as well as in the sample.
µg/L:	Micrograms per Liter
MCL:	Maximum Contaminant Level
BDL:	Compound was analyzed, but the result was below the laboratory MDL
Lab MDL:	Laboratory Method Detection Limit
J:	Indicates the presence of a compound that meets the identification criteria, but the result is less than the practical quantitation limit (PQL) and greater than the Laboratory Method Detection Level (MDL). (Above the Lab MDL, but below the PQL.)

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